



Cool Kids Summer Day Camp 2007

Emergency/Medical Release & Allergy Information Form

Child's Name _____

Date of Birth _____ / _____ / _____ Age _____

Address _____

Mother's Name _____ Phone (day) _____

(eve) _____ (cell) _____

Father's Name _____ Phone (day) _____

(eve) _____ (cell) _____

Legal Guardian _____ Phone (day) _____

(eve) _____ (cell) _____

Alternative Emergency Information

Name Phone Relationship

Information Required by State Law

Physician's Name _____

Health Insurance Co: _____

Policy Number: _____

Family Physician: _____

Phone: _____

Family Dentist: _____

Phone: _____

Medical History – Past or Present

Asthma _____ Yes _____ No

Heart Defect _____ Yes _____ No

Recent Hospitalization _____ Yes _____ No

Currently under Dr. care _____ Yes _____ No

Seizures _____ Yes _____ No

Diabetes _____ Yes _____ No

German measles _____ Yes _____ No

Other Diseases or Conditions _____

For each **YES**, please explain: _____

ALLERGIES

Please check:

Hay Fever	____ Yes ____ No	Bee Stings	____ Yes ____ No
Oak/Ivy Poisoning	____ Yes ____ No	Penicillin	____ Yes ____ No
Peanuts	____ Yes ____ No	Tree Nuts	____ Yes ____ No
Milk	____ Yes ____ No	Eggs	____ Yes ____ No
Wheat	____ Yes ____ No	Soy	____ Yes ____ No
Animals (cats, dogs, etc)	____ Yes ____ No	Other	____ Yes ____ No

For each **YES**, please explain: _____

Does your child have any handicap or other specific concern we should be aware of? _____

Medical/Liability Release: I, as participant or legal guardian representing a minor participant, agree to release the City of Morgan Hill and Redevelopment Agency, their officers, employees and volunteers from any and all liability for accidents, injuries, loss of and or damage to my/our person or property that may arise out of my/our participating in this activity. I/we agree to allow the use of my/our photograph for program publicity. I/we have read and agree to the registration and program policies. I/we have entered into this agreement of my/our free will. Pursuant to the provisions of sections 6910 et seq of the California Family Code, and other applicable laws, I/we hereby authorize the Morgan Hill Recreation Division and Community Services Department to procure, and consent to, medical, hospital, or dental care for myself or my child in the event of injury as a result of participation in this program.

Signature: _____

Date: _____

RETURN